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BOROUGH OF SALTASH

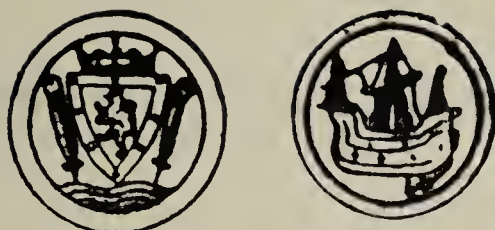


REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1954



BOROUGH OF SALTASH

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BOROUGH OF SALTASH

THE ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

For the Year 1954

*To the Mayor, Aldermen, and Councillors of the Corporation of the
Borough of Saltash.*

YOUR WORSHIP, MADAM, AND GENTLEMEN,

On the information available to me the general state of health in the six County Districts in South-East Cornwall has been up to average during 1954, with a small worsening in the death rate being offset by a complete absence of maternal deaths, an improvement in the infant mortality rate, a lower incidence of infectious disease and a welcome improvement in figures for tuberculosis. In the memories of many of us the year 1954 will be recalled with little affection as one of cool, wet, sunless weather. It may be of interest that on the moors to the north of Liskeard the annual rainfall for 1954 was no less than 73 inches. It has been said that one of the main topics of our conversation in these islands is the weather, and many of us would like to attribute to our ever-changing, and unpredictable weather at least some of the blame for the ills to which human flesh is heir. I feel myself that for the majority of us the main influence of climate and weather is psychological rather than physical. It is true that at the extremes of life adverse or severe climatic conditions, worsened perhaps by man-made pollution of the air can have a serious or fatal outcome. For most, however, and especially those whose livelihood or leisure time pursuits are dependent on weather, the main effect is on mood and outlook. What cricketer does not feel gloom and despondency at the prospect of a wet Saturday afternoon, and what farmer or gardener does not feel energetic, and enthusiastic when the sun shines, and crops can be tended or gathered in. We now believe that our mental attitude to the world about us has much to do with certain diseases, and with climate and weather having so much to do with our outlook, and being for some such an important part of their environment, it might be said that it has at least an indirect effect on our health. Beyond this I do not think we can go, especially in our temperate climate where physically injurious extremes of heat and cold are not experienced.

During 1954 the total estimated population of the Area fell slightly by 1,286 to a figure of 51,990. Of the constituent districts, St. Germans Rural District, Liskeard Rural District, Saltash Borough, Torpoint Urban District and Looe Urban District all showed small reductions in estimated population, and a small increase occurred in Liskeard Borough. The live birth rate at 15.5 per 1,000 of population was fractionally below last year's rate, and is slightly above the national birth rate of 15.2. The still-birth rate at 25.0 per 1,000 total births is slightly above the rate of 24.0 for England and Wales, and is greater than last year's rate of 19.0 per 1,000 total births in this Area. The total number of deaths, 697, shows an increase of 31 over 1953, but the death rate of 11.4 per 1,000 of population is only fractionally above the national rate of 11.3. It is pleasant to be able to report that no deaths attributable to pregnancy, and childbirth occurred in 1954. The total number of infants under 1 year of age dying in 1954 reached the record low figure of 13, giving a rate of 18.5 per 1,000 live births as compared with the national rate of 25.5.

As in previous years the most common cause of death was heart disease. It was responsible for 42% of all deaths in the Area. Cancer of all types was the next most common cause, being responsible for 19% of all deaths in the Area. Amongst heart diseases the most common type causing death was coronary disease and angina. Of the cancers the most common single cancer was that affecting the stomach. The average age at death 66 years for males, and 73 years for females approximated closely to the expectation of life in England and Wales as a whole. Of the 697 persons who died in this Area in 1954, some 318 or 45% were aged 75 years and over at the time of death.

In recent years the increased number of deaths due to cancer of the lung and bronchus has provoked much discussion of, and speculation upon possible causes of the increased incidence of these cancers. In particular much attention has been given to the possible role of tobacco in causing or being associated with these cancers, but no really indisputable or finally convincing evidence incriminating tobacco has been produced so far. Nevertheless the indirect evidence, largely statistical in nature, and increasing in volume as years go by throws grave suspicion on tobacco, especially if taken in the form of cigarettes in moderate or heavy quantity over a protracted period. It will probably be many years before sufficient evidence can be accumulated to fix the cause or causes of these cancers, but in view of their increasing toll of life it is hoped that before long some means of reducing, if not preventing their incidence will be found. I thought you would be interested in having figures showing the

effect of this form of cancer in South-East Cornwall, and for that reason I have gone through the records of deaths from this disease over the five year period 1950-54. The results of my investigations appear in the form of two additional appendices to this report. The first shows deaths in actual numbers and sexes in the six County Districts, and in the whole Health Area. From this it appears that deaths from this cause have been more numerous in 1953 and 1954 than in the previous three years. Except for the year 1950 the preponderance of male over female deaths, almost 3 to 1, was less than the ratio of 5 to 6 male to 1 female death which obtains in the country as a whole. The second appendix shows comparative death rates per 1,000 of the population in this Health Area, Cornwall County and England and Wales. From this it would appear that although the death rate has been increasing in all three cases, the relative number of deaths from cancer of the lung, and bronchus is less in this part of Cornwall, and in Cornwall County than in England and Wales generally.

In my Annual Report last year I expressed some concern about the relatively high incidence of new cases of tuberculosis in this Area. I am glad to be able to tell you of a considerable improvement in the position during 1954, when the total number of new cases notified fell to 39, a reduction of 24 on the figure for 1953. As far as individual districts were concerned, St. Germans Rural District, and Saltash Borough showed marked reductions. Torpoint Urban District had a moderate reduction, and Looe Urban District a small reduction. In Liskeard Rural District and Liskeard Borough there was a moderate increase in the incidence of the disease. The number of deaths from tuberculosis—4 in all—is the lowest so far recorded in this Area, and represents a striking improvement on the average of 18 to 20 deaths from tuberculosis which occurred as recently as five years ago. My views on the possibility of the early eradication of tuberculosis remain substantially as stated in my last Annual Report, and I cannot yet share the views of those who believe that tuberculosis will very soon become as rare, and unusual as diphtheria now is. Much as we all welcome the reduction in the number of deaths from tuberculosis, I feel that this fact is sometimes over-publicised in an endeavour to show that the tuberculosis situation is improving generally. Laudable as our success in checking tuberculosis mortality may be, the real victory will not be won until wholesale eradication of the disease removes the possibility of infection.

As a step towards controlling and preventing tuberculosis, the scheme for the B.C.G. vaccination against tuberculosis of children in the school leaving age group, i.e., those attaining the

age of 14 years during 1954, got under way during the early summer. Of the 507 school-leavers eligible for vaccination some 395 received B.C.G. vaccine, and have thereby been stimulated to produce some resistance to the disease. The percentage of parents who refused to have their children vaccinated was 3%—a commendably low figure, whilst absentees did not exceed 6%. We were interested to find a low percentage—13%—of positive re-actors to the pre-vaccination Mantoux test. This latter finding suggests that school children in Cornwall are not exposed to a great deal of human or animal tuberculosis infection. It also suggests that if these negative re-actor children—about 80% of the school-leaving population—who are devoid of any natural resistance to tuberculosis, had gone unprotected by vaccination into crowded city or urban communities where the level of tuberculous infection is usually higher, they might well have fallen victim to the disease. The relatively low degree of natural immunity disclosed by the scheme underlines the importance of present efforts to stimulate to production in these children of some artificial immunity or resistance to the disease through B.C.G. vaccination.

The incidence of infectious disease (other than tuberculosis) was light during 1954, the total of 706 cases representing a large reduction of the figure of 1917 cases in 1953. The most prevalent diseases were whooping cough with 496 cases, measles with 59 cases, pneumonia with 56 cases, and Sonne dysentery with 54 cases. There were 4 cases of poliomyelitis, of which two were non-paralytic. One case only of food poisoning was notified. There were two deaths from whooping cough, both in infants under one year of age.

At the time of writing this Report, the news of a new and apparently successful vaccine against poliomyelitis is still fresh in our minds. This Salk vaccine has been prepared, perfected, and tried out on a large number of children in America, and preliminary reports suggest that it affords some protection against this disease. It is obviously much too early to form any reliable judgment of the efficiency of this newest weapon in the battle against poliomyelitis, and indeed within a very short time of the first announcement concerning the vaccine, reports of vaccinated children developing paralytic poliomyelitis have emphasised the need for caution in our approach to this subject. It would be too much to expect that the use of such a new, and relatively untried remedy would be free of pitfalls, and disappointments. In spite of, and perhaps because of such setbacks, advances in knowledge and technique will follow, and I feel the future in this field of disease prevention holds much promise. Up to now effective control of poliomyelitis involving as it did early recog-

dition of cases, and close surveillance of, and control over contacts, was difficult if not impossible to establish. It must therefore be the earnest wish of all of us, that the efforts now being made to control and prevent poliomyelitis by a suitable vaccine will be crowned with ever-increasing success—such success as we have witnessed in the past 14 years in the wonderfully effective campaign against diphtheria.

I have written just now of the success of the immunisation campaign against diphtheria. The effect of this has been to almost completely banish this disease from our midst, and many of our younger parents will have little or no recollection of the period prior to 1941 when diphtheria affected tens of thousands of children, and caused hundreds of deaths. They may be tempted to think that diphtheria has disappeared for all time, and that immunisation is no longer necessary. At the risk of being considered tedious and repetitive, I must again warn parents of young children that if immunisation is neglected it may not be very long before diphtheria is again prevalent, and causing suffering and deaths amongst children. It is most important that all infants be immunised against diphtheria by the time they are six months of age, and I hope parents of young babies will make every effort to see that this is done. The amount of pain and suffering associated with the three injections required is so trivial that no parent can reasonably put this forward as an excuse for delaying or neglecting to have this simple, but all-important procedure carried out. Moreover some protection against whooping cough can now be ensured through the same series of injections, thus helping the young child to form its own defences against two diseases which previously took a heavy toll of infant life.

The welfare of old people, particularly those living alone, continued to cause anxiety during 1954. In most cases it was possible to persuade old persons who could no longer adequately care for themselves to enter a home or institution where they would be cared for. In one instance where an old lady of 75 years was found living in a large house under the most appallingly filthy and verminous conditions, and all effort at persuasion had failed, it was necessary to make an application under the National Assistance Act, 1948, Section 47, to a Court of Summary Jurisdiction for an order compulsorily to remove her to Lamellion House, Liskeard. After considering the evidence put before them the Magistrates made the necessary Order, and the old person was removed to Lamellion House. She remained there for some months apparently content, but following an attack of senile dementia had to be removed to St. Lawrences Hospital, Bodmin, where she has remained.

Reasonably good progress in the provision of new houses continued in all parts of the Area during 1954. In spite of the large number of new houses built since the war, there is still an appreciable demand for houses particularly in urban parts of the Area. The position is easier in the two rural districts, where most demands for rehousing can now be met without great delay. Now that the main demand for rehousing has eased, one's attention is being increasingly focussed on old, sub-standard houses either singly, or in groups, whose condition and state of delapidation is such that the only means of dealing with them is by closing or demolition. Many of the people who occupy these houses have up to now been overlooked in the anxiety to provide new houses for families living under even worse conditions, and the occupants themselves, many of whom are unable or unwilling to pay the higher rent of a new house, have not been very active in drawing attention to their unsatisfactory living conditions. Early in 1954 the Ministry of Housing and Local Government directed that local authorities should now take up as a matter of urgency, and after a lapse of some 15 years the question of slum clearance. All local authorities are now required to place before the Minister by August, 1955, their proposals for dealing with slum areas, and we all hope that this will mark the beginning of a campaign to eliminate worn-out, unsound and unhealthy dwellings, especially where in urban areas these are crowded together in small courtyards and alleys. Naturally accommodation will have to be found for those displaced from slum houses and this inevitably means the provision of more new Council houses to meet this specific need, in addition to whatever programme of new construction needed to meet normal demand. Whilst we all recognise and are anxious over the additional financial burden that slum clearance schemes will impose on national, and local finances, we cannot in justice provide up-to-date and healthy housing for a part of the community and allow dilapidated and unhealthy houses, without convenience or amenity to continue as dwelling places. This Area being mainly rural in character, the concentration of slum dwellings is nowhere very great, and it should be possible to find a slower and more gradual solution of the problem than is possible in large towns and cities.

In the field of water supply the principal event of 1954 was the constitution of the Liskeard and District Water Board. The primary task of this authority will be the supply of water in bulk to the Liskeard Rural District and the Borough of Liskeard. The latter authority has, of course, had an excellent supply for many years, and indeed the first part of the new Board's scheme is based on the expansion of reservoirs and treatment plant on

St. Cleer Downs, previously owned and operated by the Borough of Liskeard. Water from the River Fowey will be collected at a point near Trekieve Steps, and will be fed by a large diameter intake main to the enlarged reservoir and treatment works at St. Cleer. From there it will be available for distribution over a wide area of the Liskeard Rural District, and perhaps in later years to adjoining districts if required. The scheme should prove of great benefit to the Liskeard Rural District where at present the inhabitants are dependent on small local supplies of doubtful or frankly poor quality, liable to fail in dry weather. As with rural electrification it should do much to increase efficiency in, and remove some of the drudgery from the farming industry, and it might in some small way help to stem the drift of population away from rural areas to towns and cities. In other parts of the Area there were no outstanding developments in this field, but progress was made extending and improving existing supplies.

As far as sewage disposal was concerned, although many schemes were prepared and sent forward for approval, very little was done in the actual construction of sewage disposal plants on any scale. The great need for better sewage disposal is widespread and although the Ministry concerned agrees in principal with the need for such schemes, it is not possible in the national interest to allow unrestricted work to take place on all schemes put forward not only in this Area but throughout the whole country. Thus, whilst members and officials of District Councils may be anxious to see rapid progress in the provision of proper sewage disposal arrangements, we must necessarily accept the restraints imposed by the Central Government.

I would not wish to close this preface without expressing my sincere thanks to the members and officers of District Councils from whom I have at all times received assistance and encouragement in carrying out my duties during the year 1954. I trust that I may count on their continued co-operation for as long as it is my privilege to serve the interests of Public Health in this Area.

I have the honour to be,

Your Worship, Madam, and Gentlemen,

Your obedient servant,

P. J. FOX,

Medical Officer of Health.

S T A F F

(1) MEDICAL OFFICER OF HEALTH

P. J. FOX,

M.B., B.CH., B.A.O., D.P.H.

(2) SANITARY INSPECTOR*

1. R. B. HALL,

C.R.S.I.

2. J. MARTIN,

C.S.I.B., M.S.I.A., M.R.I.P.H.H.

(3) CLERK

R. M. COOK (Mrs.).

(4) RODENT OPERATIVE.

M. KELLY.

*1.—To 8th August, 1954.

2.—From 19th October, 1954.

SECTION A.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area of Borough (in acres)	...	...	...	6,257
Registrar General's Estimate of Resident Population				7,480
Number of Inhabited Houses (end of 1954))	...			2,297
Rateable Value (end of 1954)	...	...		£55,440
Sum represented by a Penny Rate (end of 1954)				£224 17s. 6d.

Vital Statistics for 1954.

Live births	...	...	...	Male 58	Female 58	Total 116
Birth rate per 1,000 of population				Saltash M.B. 16.1	Health Area No. 7 15.5	England & Wales 15.2
Still Births	...	...	...	Male 1	Female 1	Total 2
Still birth rate per 1,000 total births				Saltash M.B. 16.9	Health Area No. 7 25.0	England & Wales 24.0
Deaths	...	...	...	Male 53	Female 52	Total 105
Death rate per 1,000 of population				Saltash M.B. 10.9	Health Area No. 7 11.4	England & Wales 11.3
Maternal Deaths	...	...	...	...	None registered.	
Deaths of Infants under 1 year of age				Male 1	Female 3	Total 4
Infant mortality rate per 1,000 live births				Saltash M.B. 34.5	Health Area No. 7 18.5	England & Wales 25.5

Principal Causes of Death at All Ages.

Heart Disease	...	...	...	29
Vascular lesions of the nervous system ("stroke")				21
Cancer (all sites)	...	...	...	18
Respiratory Disease	...	...	...	7
Circulatory Disease	...	...	...	6
Genito-urinary Disease	...	...	...	6
Accidents	...	...	...	6
Digestive Disease	...	...	...	3

Average Age at Death

Males

Females

61

72

In the foregoing statistics the birth rate is higher and the death rate lower than the national rates. The infant mortality rate though slightly below last year's figure is still above the rates for the Health Area, and the country as a whole. Whilst heart disease and "strokes" are still the most numerous defined causes of death, there was a moderate increase in the number of deaths from cancer during the year. Deaths resulting from accidents of which there were six were more numerous than usual and are above the average for the Health Area. Three of these deaths were of old people who fell in their homes, two were drowning accidents involving children, and the remaining one occurred on a farm and involved an adult tractor driver.

SECTION B

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA

1. *Particulars of the Public Health Officers of the Authority.*

These particulars are incorporated at the beginning of the report.

Mr. R. B. Hall, who had served the Borough as Sanitary Inspector since 1st August, 1950, left on the 8th August, 1954, to take up an appointment as Surveyor and Sanitary Inspector to the Ashby Woulds Urban District Council.

Mr. J. Martin, previously District Sanitary Inspector for the Borough of Torquay was appointed in his place. Mr. Martin commenced his duties in Saltash on the 19th October.

There was no other change of staff during the year.

2. *Committees.*

The following Committees are concerned with matters of Public Health:—

HOUSING COMMITTEE.

SANITARY & HIGHWAYS COMMITTEE.

3. *National Assistance Act, 1948, Sec. 47.*

No action under Section 47 of this Act was called for during 1954.

4. *National Assistance Act, 1948, Sec. 50.*

It is the duty of the Local Authority under this section to bury the body of any person who has died or been found dead in the area in cases where it appears that no suitable arrangements for the disposal of the body have been made or are being made.

During the year one burial was carried out under this section.

SECTION C.

SANITARY CIRCUMSTANCES OF THE AREA

(NOTE.—The Borough Engineer—Mr. A. de Barr, A.M.I.C.E., M.I.MUN.E., has kindly supplied certain information concerning Water Supply, Sewage Disposal, Public Cleansing and New Council Houses completed since the War).

1. *Water.*

(a) **Quality:**

Water is supplied from two main sources—the Plymouth Corporation Waterworks, Burrator, and the South-East Cornwall Water Board's Works, Kit Hill. The quality of water received from both these sources is highly satisfactory.

(b) **Quantity.**

The amount of water available is adequate. During the year, 94,097,000 gallons were supplied by Plymouth Corporation, and 5,624,000 gallons by the South-East Cornwall Water Board.

In previous years Plymouth Corporation has requested the Council to restrict the use of water for certain domestic purposes for periods in the summer months. During the year no such request was made. In all probability this was due to the high summer rainfall.

(c) **Plumbo-Solvency :**

The total hardness of water supplied is:—

Plymouth Corporation	...	1 p.p.h.t.
South-East Cornwall		
Water Board		3 p.p.h.t.

Water from both sources has little or no action on lead. No cases of lead poisoning were reported.

(d) **Proportion of the Population supplied from Public Water Mains:**

The proportion of the population supplied from public water mains direct to dwelling-houses is approximately 95%. The proportion supplied by means of stand-pipes is negligible.

2. *Drainage and Sewerage.*

No major alterations in the sewerage system were made during the year under review. There are four main discharge points for sewage into the river Tamar. One discharges an effluent from the Salt Mill Disposal Works, the other three discharge crude, untreated sewage directly into the river. There is still no scheme prepared for the proper treatment of sewage flowing from all discharge points.

3. *Closet Accommodation.*

The position remains substantially the same. The provision of water closets, and of water carriage systems of drainage in certain outlying areas will not be possible until a mains water supply is available. No cases of conversion are known during the year under review.

4. *Public Cleansing.*

(a) **Refuse Collection and Disposal:**

One lorry, with a crew of four, is normally employed in the collection of refuse. During holiday periods an additional lorry is employed.

The frequency of collection is once fortnightly in the outlying areas, once weekly in the central area, and twice weekly in the case of food shops.

Refuse is disposed of by controlled tipping at the Salt Mill Tip. All organic matter is properly covered and sealed. Regular measures are taken for the extermination of rodents, and during hot weather the tip is treated with an approved dressing to secure the elimination of flies and other insect pests.

(b) **Street Cleansing:**

Four men with orderly barrows are regularly employed in street sweeping. The frequency varies between twice daily, and once weekly according to the type of street.

Towards the end of the year a privately operated vacuum exhaustor was used for the emptying and cleansing of street gullies. In the past this work had been carried out by hand. The mechanical method proved to be more efficient and the cost no greater.

(c) **Cesspool Emptying:**

When required, a cesspool emptying vehicle is hired from a private firm.

5. *Public Conveniences.*

Male and female public conveniences are provided at:—

Alexandra Square.
Burraton Sports Field.
Ferry Waiting Room.
Longstone Park.
St. Stephens Church.
Warfelton Sports Field.

6. *Salvage.*

The collection and recovery of paper, textiles and all metals continued during the year. Receipts from the sale of these materials amounted to £302.

7. *Public Health Inspection of the Area.*

The inspection of **all** districts in the Borough is regularly carried out by the Sanitary Inspector. The following visits and inspections were made by him in connection with:

Individual Unfit Houses	...	...	194
Houses in proposed Clearance Areas	...	...	42
Council House Management	...	...	83
Water Supply	...	...	7
Sewers and Drains	...	...	45
Rodent Control	...	...	17
Food Shops	...	...	42
Milk Distributors	...	...	13
The Slaughterhouse	...	...	31
Shops (Shops Act, 1950)	...	...	26
Factories	...	...	42
Moveable Dwellings	...	...	5
Places of Entertainment	...	...	2
Pet Shops	...	...	1
Other Visits (Unclassified)	...	...	69

8. *Factories Act, 1937.*

Co-operation has been maintained with H.M. Inspector of Factories in the exercise of the provisions of this Act.

The following table gives the number of Factories in the Borough and details of inspections made by the Sanitary Inspector. No contraventions of the Act were discovered.

Premises (1)	M/c line No (2)	Number on Register (3)	Number of		
			Inspec- tions (4)	Written notices (5)	Occupiers prosecuted (6)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	1	15	17	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	2	21	25	—	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority † (excluding out-workers' premises)	3	—	—	—	—
TOTAL		36	42	—	—

The accompanying table gives details of outworkers employed in the Borough.

OUTWORK
(Sections 110 and 111).

Nature of Work (1)	M/c line No. (2)	Section 110			Section 111		
		No. of out- workers in August list required by Sect. 110 (1) (c) (3)	No. of cases of default in sending lists to the Council (4)	No. of prosecu- tions for failure to supply lists (5)	No. of instances of work in unwhole- some Premises (6)	Notices served (7)	Prosecu- tions (8)
Wearing Apparel Making, etc.	13	2	—	—	—	—	—

9. *Shops Act, 1950.*

Twenty-six routine inspections of shops were made under this Act during the year. No contraventions were discovered.

10. *Pet Animals Act, 1951.*

This Act requires all shops selling pet animals to be licensed by the Local Authority. One application was received during the year, and the Licence subsequently granted.

11. *Insect Control.*

(a) **Bed Bugs (*Cimex Lectularius*) & Fleas (*Pulex Irritans*):**

Premises discovered to be infested with bugs or fleas are disinfected by the Council free of charge.

(b) **Wasps. (*Vespa Vulgaris*) :**

During the year the Department's attention was drawn to a number of wasps' nests in various parts of the town. These were destroyed without charge.

12. *Rodent Control.*

The control of rodents has been carried out on the lines suggested by the Ministry of Agriculture and Fisheries, under the supervision of the Sanitary Inspector.

The following table gives details of inspections and treatments made during the period 1st April, 1954 to 31st March, 1955.

TYPE OF PROPERTY				
	Non--Agricultural			Agricultural
	(1) Local Authority	(2) Dwelling Houses (inc. Council Houses)	(3) All Other (including Business Premises)	(4) Total of (1) + (2) + (3)
I. Number of properties in Local Authority's District (Notes 1 and 2)	8	2346	104	2458
II. Number of <i>properties</i> inspected as result of:				
(a) Notification	1	48	8	57
(b) Survey under the Act	3	153	15	171
(c) Otherwise (e.g., when visited primarily for some other purpose)	4	319	81	404
III. Total inspections carried out— including re-inspections		Not available		—
IV. Number of <i>properties</i> inspected (in Sect. II) which were found to be <i>infested</i> by:				
(a) Rats { Major	Nil	Nil	Nil	9
{ Minor	3	103	4	60
(b) Mice { Major	—	15	Nil	Nil
{ Minor	—	24	8	18
V. Number of <i>infested properties</i> (in Sect. IV) treated by the L.A.	3	142	12	157
VI. Total treatments carried out—including re-treatments.		Not available		87

SECTION D

HOUSING

1.	<i>Inspection of Dwelling-houses during the year:—</i>				
(a)	(i)	Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	...	...	104
	(ii)	Number of inspections made for the purpose	...	...	194
(b)	(i)	Number of dwelling houses (included under sub-head (a) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	...	...	—
	(ii)	Number of inspections made for the purpose	...	...	—
(c)		Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...	2
(d)		Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	...	...	102
2.	<i>Remedy of Defects during the year without Service of formal Notices:—</i>				
		Number of Defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers	...	...	97
3.	<i>Action under Statutory Powers during the year:—</i>				
(a)	Proceedings under sections 9, 10 and 16 of the Housing Act, 1936:—				
	(i)	Number of dwelling houses in respect of which notices were served requiring repairs	...	...	1
	(ii)	Number of dwelling houses which were rendered fit after formal notice:			
	(a)	By owners	...	...	—
	(b)	By Local Authority in default of owners	...	...	1
(b)	Proceedings under the Public Health Acts:—				
	(i)	Number of dwelling houses in respect of which notices were served requiring defects to be remedied	...	...	1
	(ii)	Number of dwelling houses in which defects were remedied after service of formal notices:			
	(a)	By owners	...	...	1
	(b)	By Local Authority in default of owners	...	...	—
(c)	Proceedings under sections 11 and 13 of the Housing Act, 1936:—				
	(i)	Number of dwelling houses in respect of which Demolition Orders were made	...	...	1
	(ii)	Number of dwelling houses demolished in pursuance of Demolition Orders	...	...	1

(d) Proceedings under section 10 (1) of the Local Government
(Miscellaneous Provisions) Act, 1953.

Number of dwelling houses in respect of which				
Closing Orders were made	...	...	...	1

4. *Housing Repairs and Rents Act, 1954, Section 1.*

This section requires every Local Authority to submit to the Minister of Housing and Local Government by 30th August, 1955, proposals for dealing with unfit houses in their district. The proposals are to be submitted in the required form, and must include (amongst other things) details concerning the number of houses which are unfit and suitable for demolition, either as individual unfit houses or in clearance areas, and the period which the Council consider necessary for securing the demolition of these houses.

In order that accurate information on these points might be available it was found that a detailed survey of all the older properties in the Borough would be necessary. This survey was commenced in November, and it is hoped that by the middle of 1955 it will be completed and the results known.

5. *Housing Repairs and Rents Act, 1954, Section 26.*

Under this section the tenant of a dwelling house, after he has received notice of rent increase from the owner, may apply to the local authority for a certificate that either or both of the conditions justifying an increase of rent are not fulfilled. The two conditions are that the dwelling house must be in good repair and be reasonably suitable for occupation, regard being taken of standards of fitness laid down in section 9 of the Act. If the local authority is satisfied that the dwelling house fails to fulfil either or both of these conditions then they must certify accordingly.

During the year no application for such Certificates of Disrepair were received.

6.—*Improvement Grants.*

Two applications for Improvement Grants were received during the year. In both cases a grant was subsequently made by the Council.

7. *New Houses.*

Work commenced on the extension of Grenfell Avenue, and two blocks of flats (each block comprising four two-bedroom and four one-bedroom flats) were erected there. This brought the total number of dwellings built by the Council since the end of the War to 279.

The following table gives details of all dwellings constructed by the Council.

Location	Total Number of Dwellings	HOUSES				FLATS		PRE-FABS. 2 Bedrooms	Year of Completion (Post-War)
		2 Bedrooms	3 Bedrooms	4 Bedrooms	1 Bedroom	2 Bedrooms	3 Bedrooms		
Lander Road	38		38						
Newman Road	36		36						
Moorland View	22		6			16			
Glanville Terrace	14		6			8			
Moorlands Lane	10		10						
Warfelton Crescent	72		36	2		34			
Pre-War. Total	192		132	2		58			
Kimberley Square	27							27	1946/7
Warfelton B'glows	9							9	"
Moorland B'glows	4							4	"
Alamein Road	93		81			12			1946/8
Montgomery Close	19		19						"
Tobruk Road	6		6						"
Church Road	5		5						"
Ashtor Wharf	2					1	1		1946
Mulberry Road	32		24		4	4			1949/50
Plough Green	8	8							1951
Liskeard Road	8	8							1951
Warraton Close	17	14	1	2					1951/2/3
Warraton Road	16	16							1952
Callington Road	7		1	2			4		1952/3
Grenfell Avenue	26	10			8	8			1952 & 54
	471	56	269	6	12	83	5	40	

The number of houses erected privately during the year was eight.

SECTION E.

INSPECTION AND SUPERVISION OF FOOD

1. *Milk Supply.*

(a) **Source of Supply:**

Milk supplied to the town is obtained from private producers and from a pasteurising establishment.

At the end of the year there were 37 milk producers within the Borough. The supervision of the production of milk continues to be in the hands of the Ministry of Agriculture and Fisheries.

The pasteurising establishment is inspected and supervised by officers of the County Council.

(b) Milk Distributors:

Fourteen persons are registered as distributors of milk.

(c) Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949 and 1950.

Nine Dealers' licences authorising the use of the special designation "Pasteurised" were issued during the year.

One supplementary licence authorising the use of the special designation "Pasteurised" was also issued.

(d) Milk (Special Designation) (Raw Milk) Regulations, 1949-1950.

Eight Dealers' licences authorising the use of the special designation "Tuberculin Tested" were issued during the year.

2. Meat.

(a) Slaughterhouses:

One private slaughterhouse in the Borough was re-opened after the de-control of meat in July. Extensive repairs to the structure were made, and additional facilities provided, so that slaughtering might be carried out in a humane and hygienic manner. Two local butchers and one butcher whose retail premises are situated in the St. Germans Rural District regularly use this slaughterhouse.

(b) Slaughtermen:

There are five persons licensed to slaughter animals.

(c) Meat Inspection:

All animals slaughtered are inspected according to the methods and criteria of meat inspection recommended by the Ministry of Food in Memorandum 3/MEAT. The following table gives details of inspections made during the year.

		Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed (if known)	...	58	2	—	86	12
Number inspected	... ..	58	2	—	86	12
All Diseases except Tuberculosis:						
Whole carcasses condemned		—	—	—	—	—
Carcasses of which some part or organ was condemned		11	2	—	11	—
Percentage of the number in- spected affected with disease other than tuberculosis	...	18.9	100	—	12.7	—
Tuberculosis only:						
Whole carcasses condemned	...	1	—	—	—	—
Carcasses of which some part or organ was condemned	...	4	—	—	—	1
Percentage of the number in- spected affected with tuberculosis		8.6	—	—	—	8.3

3. *Other Foods.*

The following foodstuffs were inspected and condemned during the year:

				Weight	
				lbs.	ozs.
Canned Vegetables	...	...		21	4
Canned Fruit	...	...		44	3
Canned Meat	...	...		40	4
Canned Milk and Cream	...	...		8	10
Canned Soup	...	...		3	13
Preserves	...	...		2	0
Dried Fruit	...	...		41	8
Cured Fish	...	...		7	0
Fresh Fish	...	...		14	0
				182	10

4. *Food Premises.*

(a) **The number of Food Premises in the Area, by type, of business:**

Grocers	...	...	...	21
Bakers and Confectioners	...	...	...	5
Butchers	...	...	...	8
Cafés and Restaurants	...	...	...	4
Fish Fryers	...	...	...	3
Fishmongers	...	...	...	4
Greengrocers	...	...	...	2
Dairy	...	...	...	1
Distributors of Milk	...	...	...	14
Licensed Premises	...	...	...	10
Mixed Premises	...	...	...	4

(b) **The number of Food Premises, by type, registered under Food & Drugs Act, 1938, Section 14.**

(i) *Ice-Cream :*

Grocers	...	...	...	...	11
Bakers	...	...	...	...	3
Cafés	...	...	...	...	2
Mixed Premises	...	...	...	...	1
					—
					17
					—

(ii) *Other :*

Butchers (Sausage Making)	...	...	...	9
Fish Fryers	...	...	...	3
				—
				12
				—

5. *Educational Activities.*

No new educational activities were undertaken during the year.

6. *The Method and Disposal of Condemned Food.*

All condemned foodstuffs are disposed of by burial at the Salt Mill controlled tip.

7. *Food Poisoning Outbreaks.*

No outbreaks of food poisoning were notified in 1954.

SECTION F

PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

1. *Notifiable Diseases (other than Tuberculosis).*

The total of 151 cases notified during 1954 shows a moderate reduction on the 1953 figure of 263 cases. Whooping cough, of which 126 cases were notified, was by far the most prevalent infectious disease, the only other disease which was at all prevalent being pneumonia, of which there were 15 cases with 6 deaths. Pneumonia is not normally regarded as an infectious disease, and it is true that the degree of infectivity is not high in this disease, and in civilian life in peace-time the risk of large outbreaks or epidemics is small. Spread is by droplet infection disseminated in coughing and sneezing, and in this respect it resembles the common cold. Since the discovery of antibiotics

such as penicillin the possibility of curing the disease has been vastly increased, and it is rarely fatal in healthy children and adults. Mortality from pneumonia is now confined almost wholly to weakly infants and people over 70 years of age.

The following are details of actual numbers and case rates of infectious disease notified during 1954:—

Case rate per 1,000 of population				
Disease		Actual Cases	Saltash M.B.	Health Area No. 7
Whooping Cough	...	126	16.84	9.54
Pneumonia	...	15	2.01	1.08
Measles	... ..	4	0.53	1.13
Erysipelas	... ..	3	0.40	0.13
Scarlet Fever	...	2	0.27	0.42

Case rate per 1,000 total births				
Puerperal Pyrexia	...	1	8.47	5.56

2. Tuberculosis.

In 1954 three cases only of tuberculosis were notified in the Borough. This is a considerable improvement on the total of 11 cases in 1953. All three cases were respiratory infections. There was one death from respiratory tuberculosis. At the end of the year there were 44 cases of respiratory tuberculosis known to be resident in the Borough.

The following are details of new cases, deaths, case rates and mortality rates in the year 1954.

		New Cases		Deaths	
Age Group		M	F	M	F
0— 1	...	—	—	—	—
1— 5	...	—	—	—	—
5—15	...	—	1	—	—
15—45	...	1	—	1	—
45—65	...	1	—	—	—
65 and over		—	—	—	—

Rates per 1,000 of population				
		Saltash M.B.		Health Area No. 7
New Cases	...	0.40		0.75
All Cases	...	6.55		6.73
Deaths	...	0.13		0.08

APPENDIX 1

Principal causes of Death—all ages—1954.

Disease	St. Germans R.D.	Liskeard R.D.	Saltash M.B.	Torpoint U.D.	Liskeard M.B.	Looe U.D.	Health Area No. 7
Heart Disease ...	70	76	29	16	66	25	282
Cancer (all sites) ..	46	26	18	10	12	13	125
Vascular lesions of the nervous system (“stroke”) ...	21	20	21	8	19	2	91
Respiratory Disease...	15	18	7	2	3	2	47
Circulatory Disease ...	14	6	6	2	4	2	34
Genito-urinary Disease ...	7	1	6	3	—	3	20
Accidents ...	7	2	6	—	2	3	20
Digestive Disease ...	3	3	3	1	—	—	10
Suicide ...	1	2	1	—	1	1	6

APPENDIX 2

Types of Heart Disease and Cancer causing Death—1954.

Disease	St. Germans R.D.	Liskeard R.D.	Saltash M.B.	Torpoint U.D.	Liskeard M.B.	Looe U.D.	Health Area No. 7
Coronary Disease, angina ...	26	25	10	8	5	8	82
High Blood Pressure with Heart Disease	7	3	2	3	8	—	23
Other Heart Disease	37	48	17	5	53	17	177
Cancer of Stomach ...	13	0	2	2	1	4	28
Cancer of Breast ...	3	3	4	1	2	1	14
Cancer of Lung and Bronchus ...	4	3	2	1	2	1	13
Cancer of Womb ...	—	2	—	—	1	—	3
Other Cancers ...	26	12	10	6	6	7	67

APPENDIX 3

Death by Age Groups—1954

District	0—5 years	5—15 years	15—45 years	45—65 years	65—75 years	75 and upwards	All Ages
St. Germans R.D. ...	4	3	13	43	65	87	215
Liskeard R.D. ...	3	1	3	34	50	72	163
Saltash M.B. ...	5	1	3	29	27	40	105
Torpoint U.D. ...	—	—	4	8	16	17	45
Liskeard M.B. ...	—	—	—	12	29	74	115
Looe U.D. ...	2	—	1	11	12	28	54
Health Area No. 7	14	5	24	137	199	318	697

APPENDIX 4

Average Age at Death—1954

<i>District</i>		<i>Males</i>	<i>Females</i>
St. Germans R.D.	...	67	69
Liskeard R.D.	...	63	71
Saltash M.B.	...	61	72
Torpoint U.D.	...	68	70
Liskeard M.B.	...	76	79
Looe U.D.	...	63	74
Health Area No. 7	...	66	73

APPENDIX 5

TUBERCULOSIS

New Cases and Deaths in Health Area No. 7—1954

<i>Age Group</i>	<i>New Cases</i>		<i>Deaths</i>	
	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>
0— 1 Year	—	—	—	—
1— 5 Years	1	—	—	—
5—15 Years	3	2	—	—
15—45 Years	11	9	1	1
45—65 Years	8	3	—	—
65 Years and over...	1	1	2	—
Totals	24	15	3	1

		<i>Males</i>	<i>Females</i>
Case Rate per 1,000 of Population	...	0.46	0.29
Mortality Rate per 1,000 of Population	...	0.06	0.02

Case Rates and Mortality Rates per 1,000 of Population in the Six County Districts in Health Area No. 7—1954

<i>District</i>		<i>New Cases</i>	<i>Total Cases as at 31.12.54</i>	<i>Deaths</i>
St. Germans R.D.	...	0.31	6.41	0.06
Liskeard R.D.	...	1.07	5.91	—
Saltash M.B.	...	0.40	6.55	0.13
Torpoint U.D.	...	0.97	7.41	—
Liskeard M.B.	...	1.38	10.09	0.23
Looe U.D.	...	1.09	6.54	0.27
Health Area No. 7	...	0.75	6.73	0.08

APPENDIX 6

Deaths by Sexes from Cancer of Lung and Bronchus in the Five-Year Period 1950-1954.

Year	St. Germans R.D.	Liskeard R.D.	Saltash M.B.	Torpoint U.D.	Liskeard M.B.	Looe U.D.	Health Area No. 7
1950	M.1	M.2	M.1	Nil	M.2	M.1	M.7 F. Nil
1951	M.3	M.2	M.1	Nil	F.2	F.1	M.6 F.3
1952	Nil	Nil	M.1	F.1	F.1	M.1	M.2 F.2
1953	M.7 F.1	M.2 F.1	Nil	F.1	Nil	M.1	M.10 F.3
1954	M.3 F.1	M.1 F.2	M.2	M.1	M.1 F.1	M.1	M.9 F.4
Totals	Males 14 Females 2	Males 7 Females 3	Males 5 Females —	Males 1 Females 2	Males 3 Females 4	Males 4 Females 1	Males 34 Females 12

APPENDIX 7

Death Rate per 1,000 of Population for Cancer of Lung and Bronchus, 1950-1954.

<i>Year</i>	<i>Health Area No. 7</i>	<i>Cornwall County</i>	<i>England and Wales</i>
1950	0.13	0.18	0.28
1951	0.17	0.22	0.30
1952	0.08	0.21	0.32
1953	0.24	0.22	0.34
1954	0.25	0.27	0.40

